

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John P Adams

CERTIFICATE OF DEATH

MARYLAND

Town Died at	Caroline		County		
Date of death	1905	Month mar	Day 20	Years	Months
Sex	male	Color or Race	white	Birth- place	Days
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Father's Birthplace	
Father's Name	John, Jr. Adams		John, Jr. Adams	md	
Mother's Maiden Name	Josephine Parker		Mother's Name	Na	
Name of person giving Information	How related to deceased				

CAUSES OF DEATH

Primary

Catarrhal fever

How long

3 weeks

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

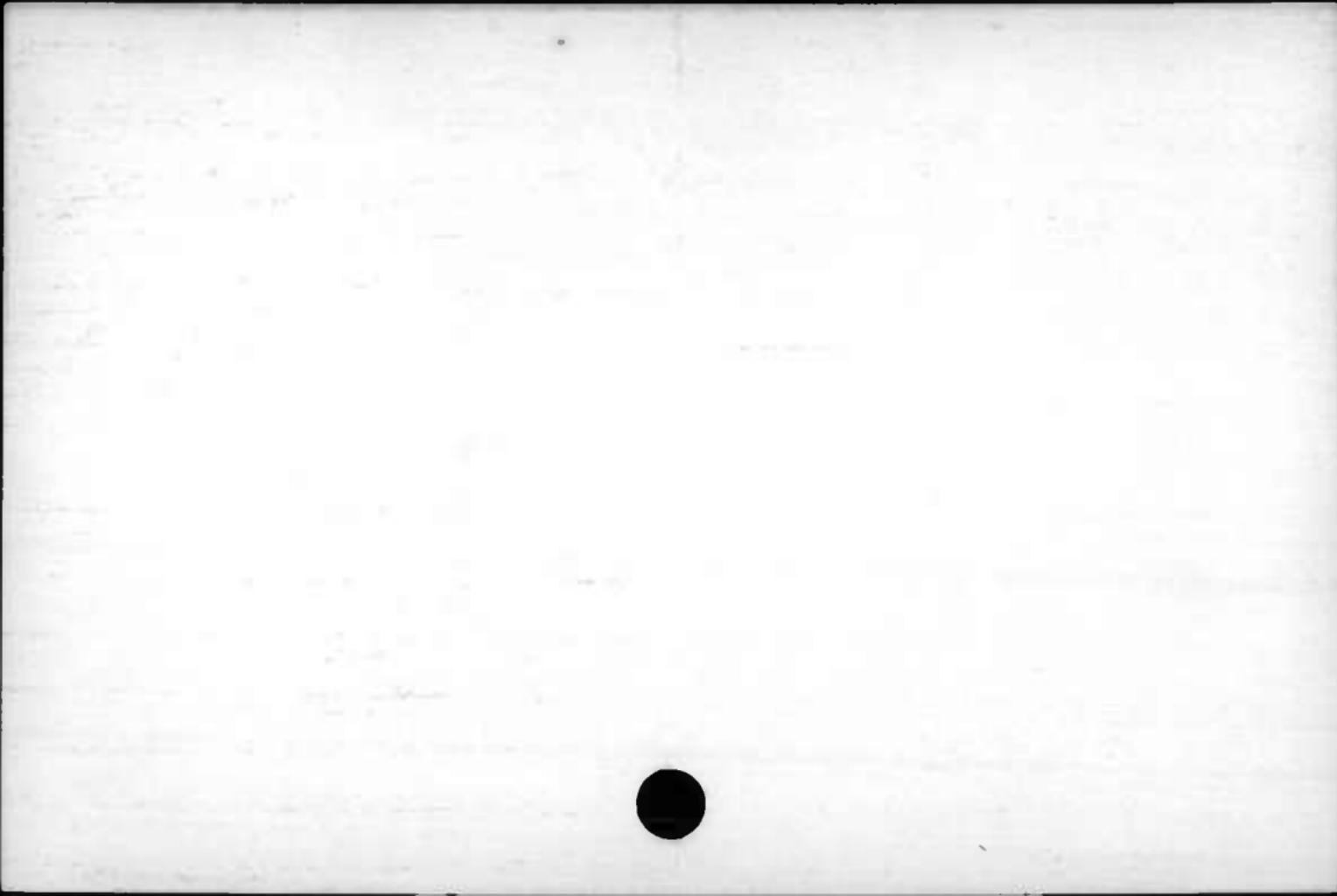
yes

Signature of  
Physician

Address

R. Kemp Jefferson  
Federalsburg md

Accident or Suicide?



Name  
in  
Full

W. m Atwell

CERTIFICATE OF DEATH

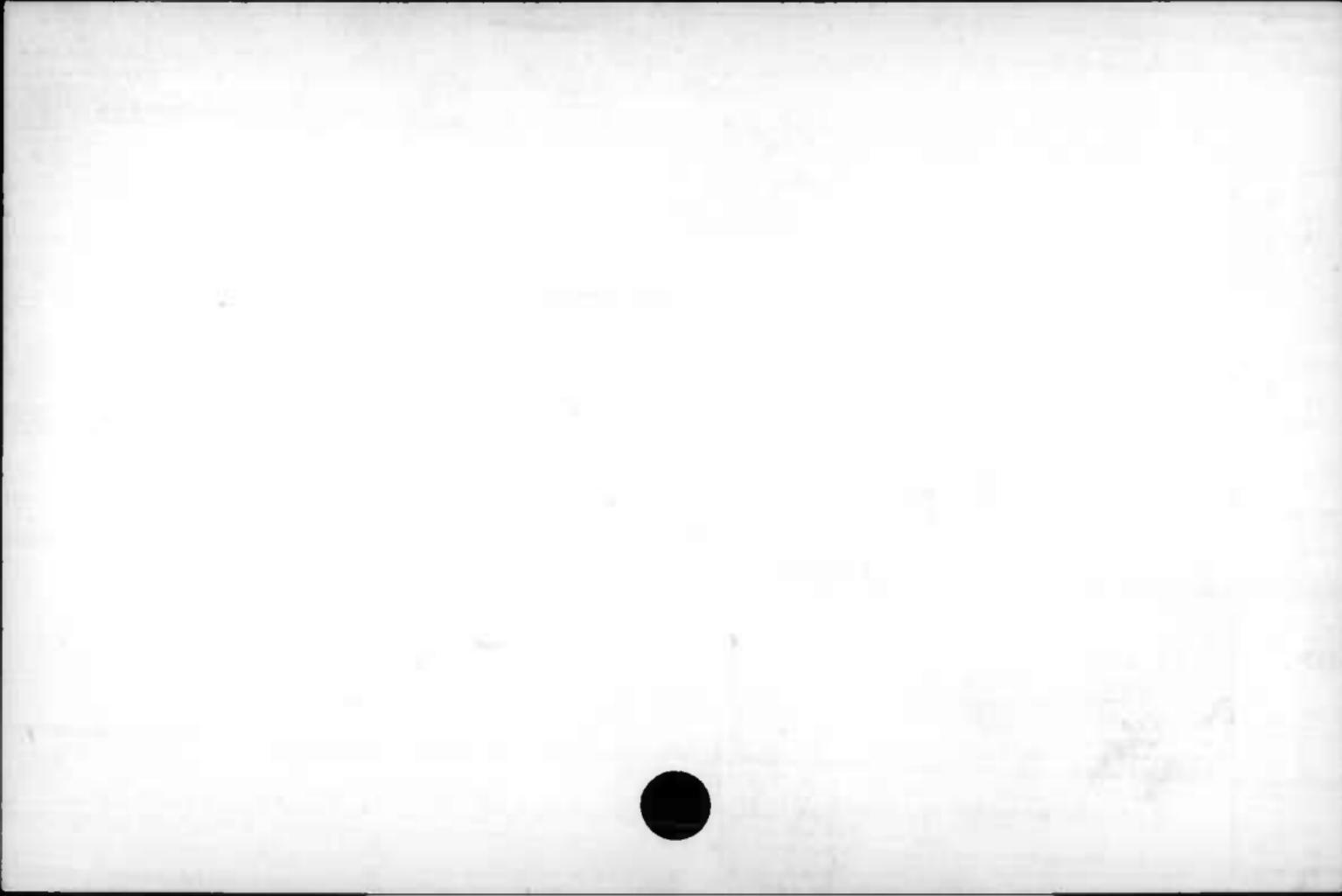
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND			
Date of death	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Age	60	-		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband		Same				
Father's Name	Joel Atwell					Father's Birthplace	Mad
Mother's Maiden Name	Margaret Atwell					Mother's Birthplace	Mad
Name of person giving information						How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Obstruction of Bowels		How long
Immediate	Same		108
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
Yes		DR Dicker	
		Address	Benton
Accident or Suicide?		No	



Name  
in  
Full

Dorothy Brevington

CERTIFICATE OF DEATH

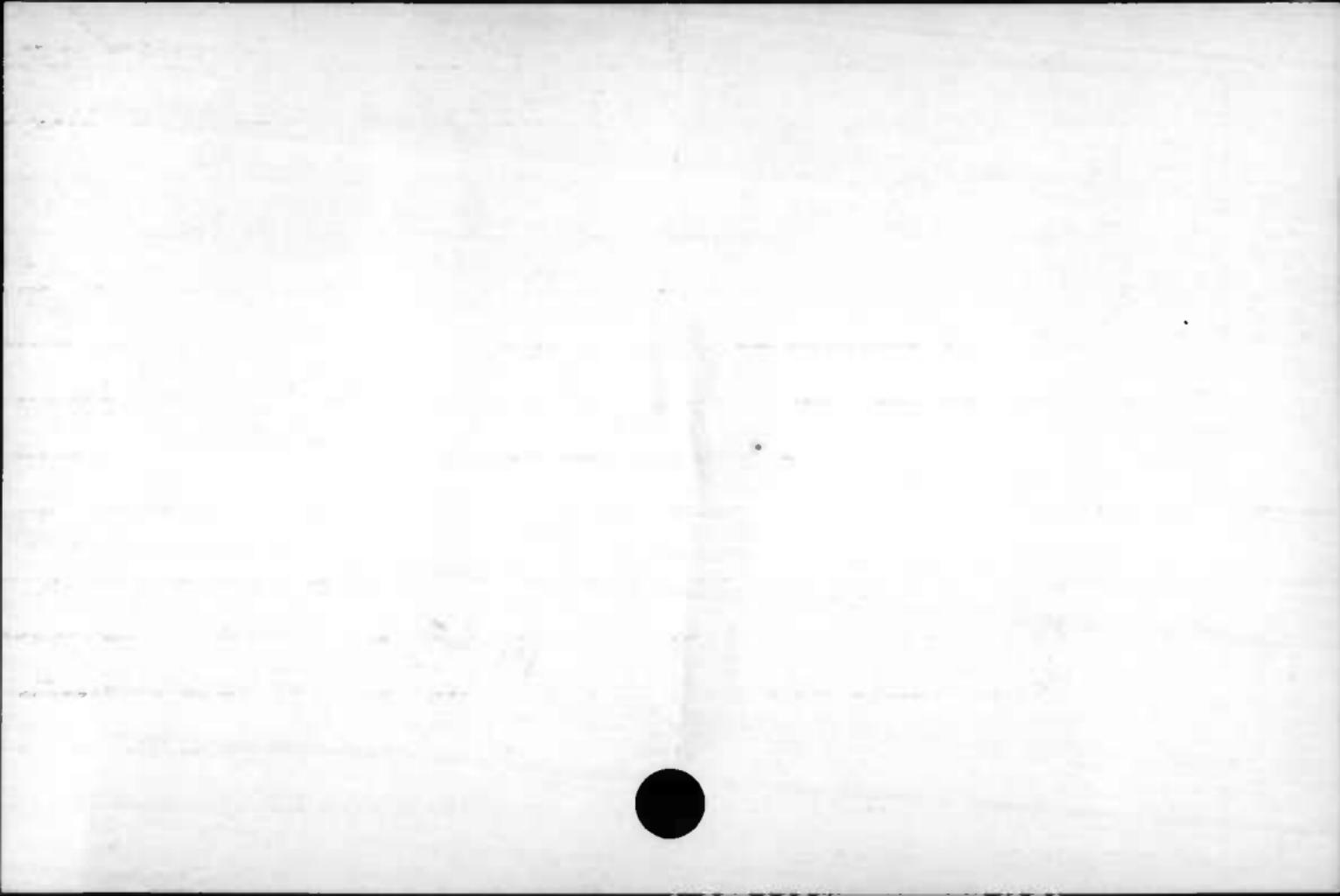
To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Federalsburg</u> <small>Town</small>		County <u>Caroline</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>May</u>	Day <u>5</u>	Age <u>66</u>	Years	Months Days
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Md</u>			
Occupation <u>housewife</u>	Where Residing if not at place of death <u>Dorothy Brevington</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband	Father's Birthplace			
Father's Name	Mother's Birthplace				
Mother's Maiden Name					
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Grippe</u>		How long
Immediate	<u>Heart Disease</u>		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician <u>R. Kemp Jefferson</u>	Address <u>Federalsburg Md</u>
Accident or Suicide?			



Name  
in  
Full

Henry Eque.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Dear Redgely</u>		Town	County <u>Caroline</u>		MARYLAND	
Date of death	1905	Month March	Day 27	Age 53	Months 3	Days 12
Sex	Male	Color or Race	White	Birth-place	Germany	
Occupation	Farmer	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Germany	
Father's Name	Hansel Eque			Mother's Birthplace	Germany	
Mother's Maiden Name	— Ackerman			Name of person giving information	How related to deceased	
	Mary Eque.				Sister	

CAUSES OF DEATH

Primary

Tuberculosis of Liver

How long

6 months?

Immediate

Exhaustion

How long

2 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

117  
H. F. Miller  
+ Sillersboro Ind.

Accident or Suicide?



Name  
in  
Full

Fred Grove

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age 13	Birth-place	Don't know
Occupation	Where Residing if not at place of death			Name	
Married, Single or Widowed	Name or Wife or Husband				
Father's Name	Don't know			Father's Birthplace	Don't know
Mother's Maiden Name	Don't know			Mother's Birthplace	Don't know
Name of person giving information	Mr W. Murphy			How related to deceased	Not related

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Septicemia

Immediate Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Mr Murphy took the boy from a home in N.Y.

How long

2 Weeks

How long

2 Weeks

93

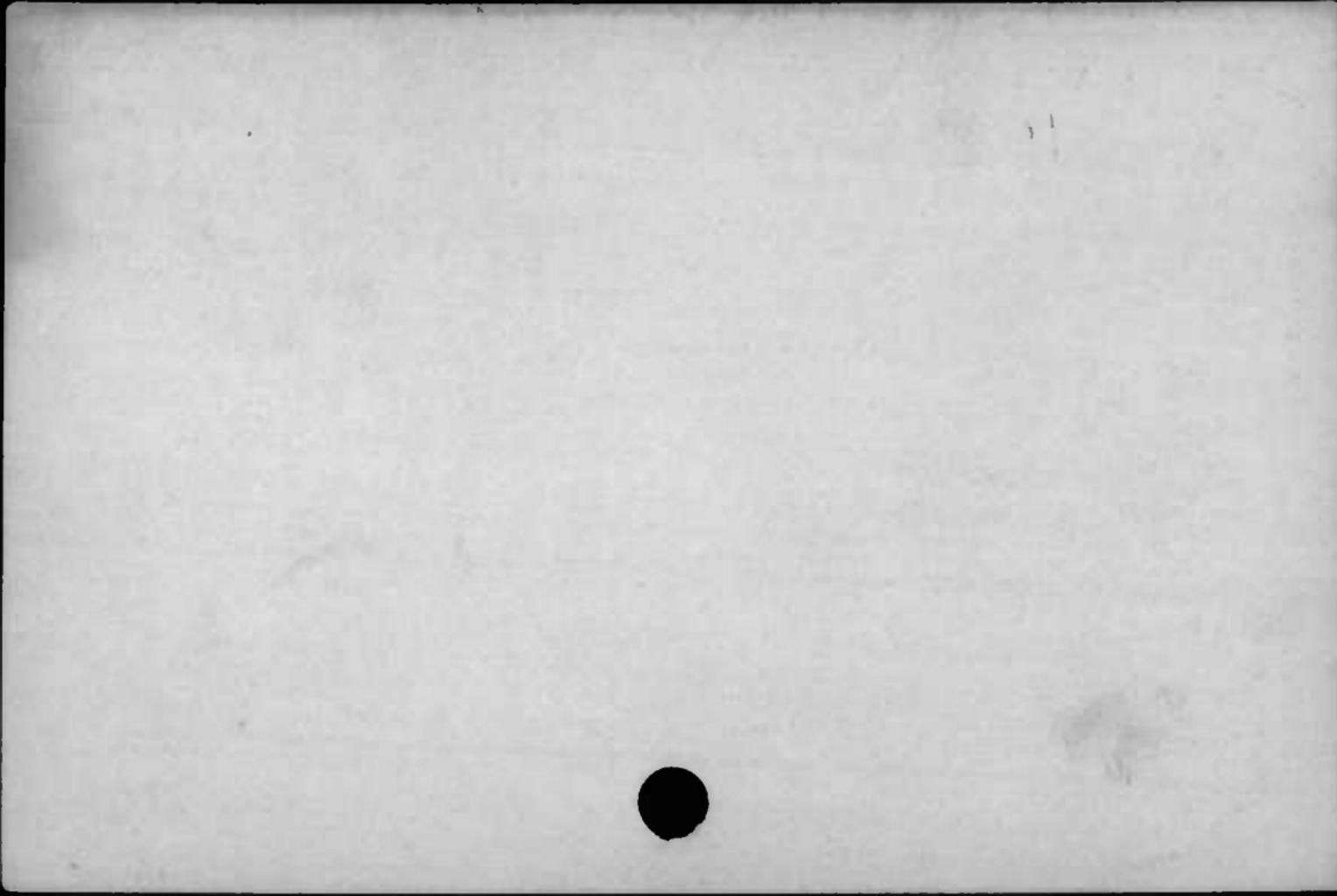
P. H. Clarke

Benton

Md

Accident or Suicide?

No

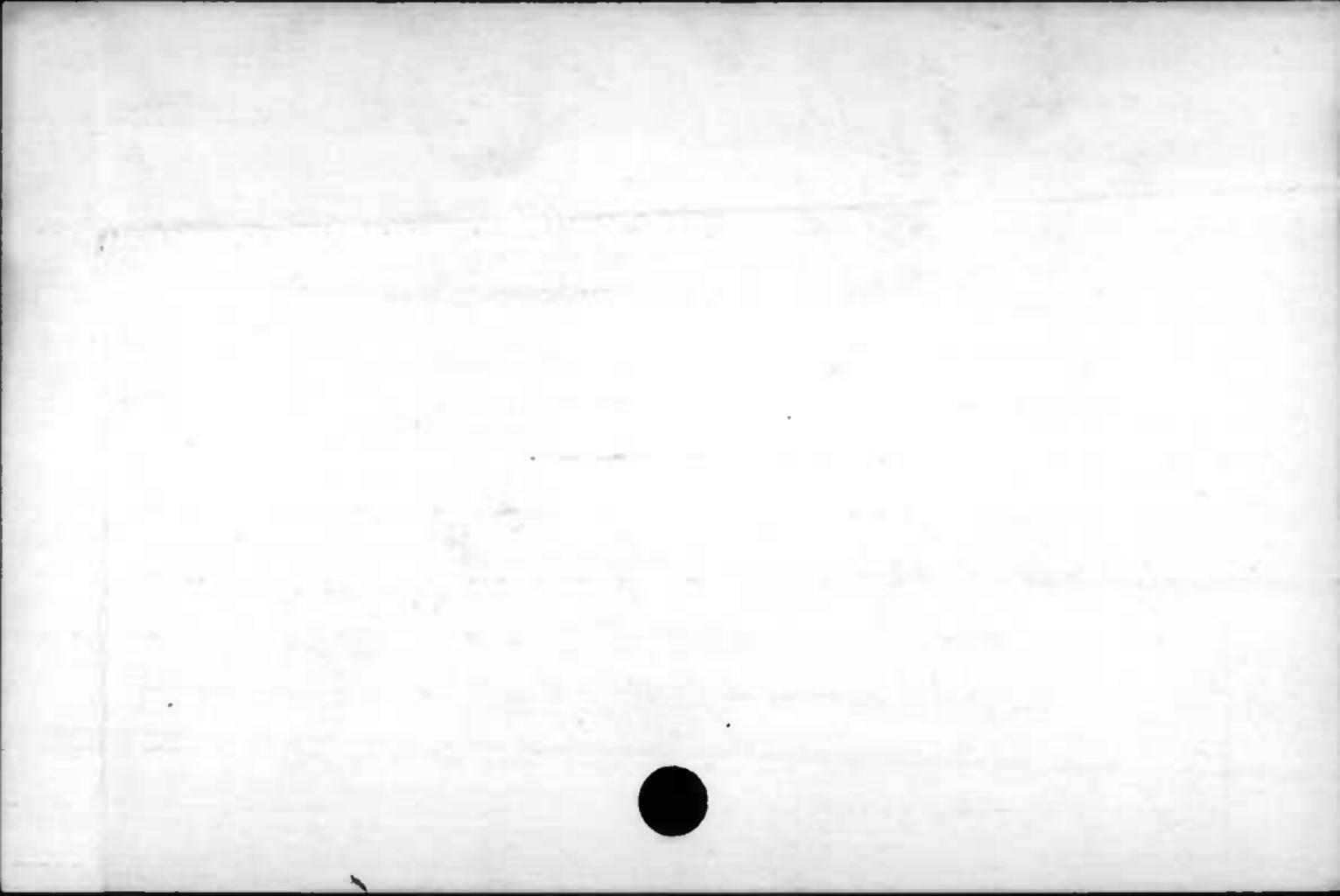


Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town <i>Marydel</i>	County <i>Delaware</i>	MARYLAND	
Date of death	Month <i>1905</i>	Day <i>28</i>	Age	Years <i>—</i> Months <i>1 hr.</i> Days
Sex	Male	Color or Race <i>white</i>	Birth-place	<i>Maryland</i>
Occupation	Where Residing if not at place of death <i>Mary Harbor</i>			
Married, Single <i>Widowed</i>	Name of Wife or Husband <i>Mary Harbor</i>			
Father's Name <i>John Harbor</i>	Father's Birthplace <i>Ohio</i>			
Mother's Maiden Name <i>Mary Smith</i>	Mother's Birthplace <i>Canada</i>			
Name of person giving information <i>John Harbor</i>	How related to deceased <i>Father</i>			
CAUSES OF DEATH				
Primary	<i>Injury during pregnancy</i>			How long <i>1 hr.</i>
Immediate	<i>Heart Failure</i>			How long <i>4</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>N. L. Nichols</i>		
		Address <i>Marydel, Md.</i>		
Accident or Suicide?				



Died at

Concord, Caroline MARYLAND

Date of death

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age

Married

Widow

Divorced

Husband of

Wife

Father's Name

Mother's Name

Cause of

Primary

Meningitis,

How long sick

3 weeks.

Death

Immediate

Bulbar paralysis

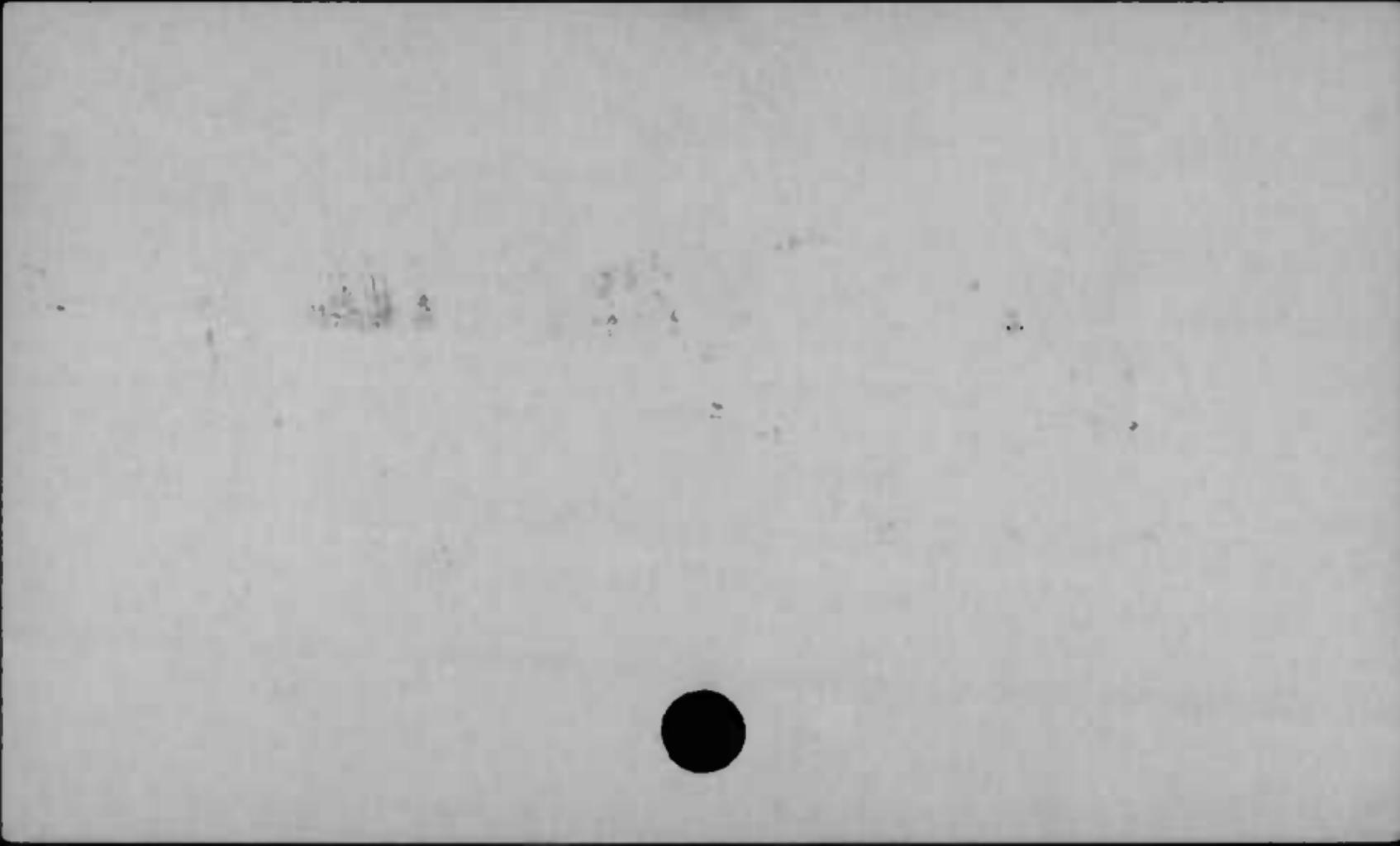
Accident, Suicide, Homicide

Reported by

Address

Gas F. Galloway.

Frederick, Md.



Name  
in  
Full

James Rich Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Town	Caroline			County		
Died at	Burrsville	Month	March	Year	38	MARYLAND
Date of death	1905	Month	March	Day	28	Days
Age	38	Months	3	Years	38	Days
Sex	Male	Color or Race	White	Birth-place	Maryland	
Married, Single <del>or Widowed</del>				Occupation	Laborer	
Name of Wife or Husband						
Father's Name	John Russell			Father's Birthplace	Maryland	
Mother's Maiden Name	Elizabeth E. Voss			Mother's Birthplace	Maryland	
Name of person giving information	Iva A. Russell			How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

How long

How long

Three Month

Immediate

Same

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Hopewell Street  
Burrsville  
Md

Accident or Suicide?



Name  
in  
Full

Sophie Stom Starkey

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Jumpstown		Caroline	Months	Days
Date of death 1905	Month 3	Day 20	Years	4
Age			Age	20
Sex Male -	Color or Race Caucasian	Birth-place Md -		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Marion Starkey		Father's Birthplace	Md.
Mother's Maiden Name	M. Kali Meredith -		Mother's Birthplace	Md -
Name of person giving information	M. Kali Starkey		How related to deceased	Mother -

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

150

How long

Immediate

Inanition

How long

Are the name, age, sex, color, date and place correctly given above?

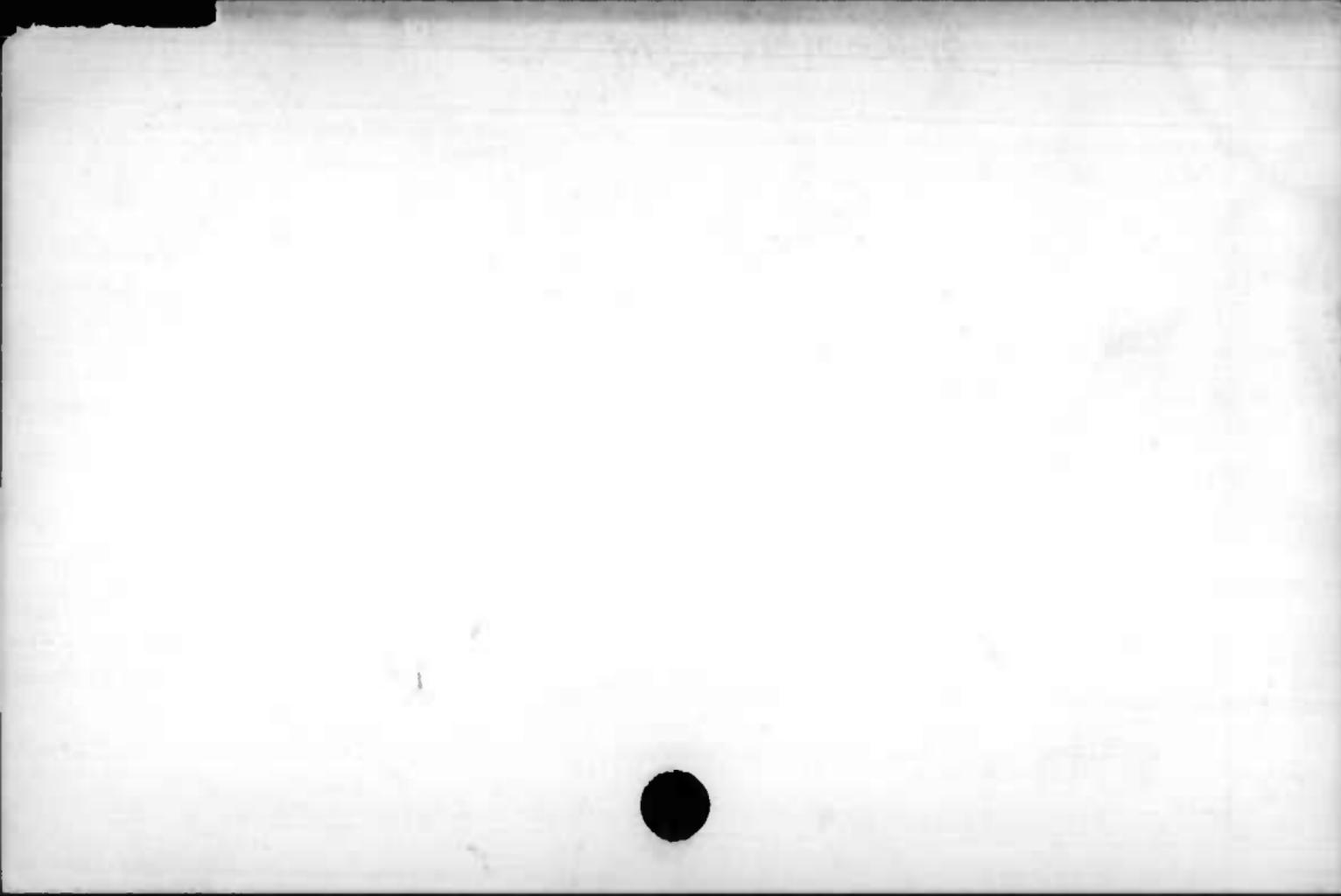
yes

Signature of Physician

Address

J. S. Stom M.D.  
Ridgely Md -

Accident or Suicide?



Name  
in  
Full

Aaron Thomas.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1905	Month 3	Day 7	Years 69	Months	Days
Sex Male	Color or Race Negro	Occupation Farmer		Birth-place Maryland	
Married Single or Widowed Widower	Name of Wife or Husband Sallie Jackson.				
Father's Name Anthony Thomas				Father's Birthplace Maryland	
Mother's Maiden Name Nancy Tolson				Mother's Birthplace Maryland	
Name of person giving Information Anthony Thomas				How related to deceased Nephew.	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Acute Pyrexial, 14 How long  
Exhaustion one week  
Immediate How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

D. J. Stone M.D.  
Ridgely, Md

Accident or Suicide?

Burial  
March 10 - 1905

Dixton

Name  
in  
Full

Cornelia Torous

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	March	27	1	2	6
Sex	Color or Race	Birth-place			
Collard		Baltimore			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Baltimore			
Singl					
Father's Name	Joseph I Tolerae				
Mother's Maiden Name	Helen Thomas				
Name of person giving information	Joseph I Thomas				
CAUSES OF DEATH					
Primary	Cerebral Pneumonia				
Immediate	93				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
		Address			

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Maudie S. Melloroughly

CERTIFICATE OF DEATH

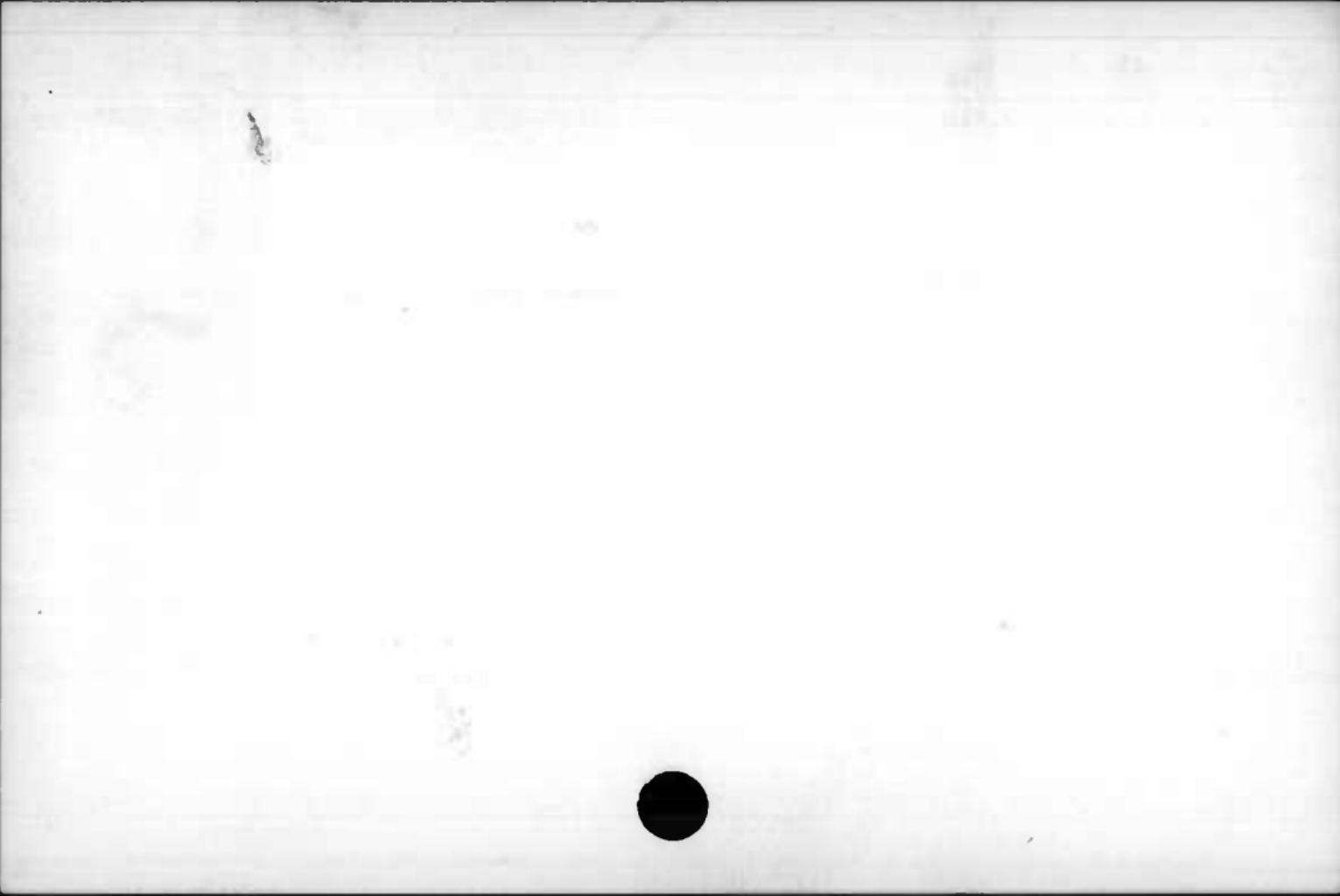
To BE ANSWERED BY  
NEAREST FRIEND

Died et Date of death	Town Month Year	County Day	MARYLAND
1903	Mar	Caroline	Days
Sex Female	Color or Race White	Birth- place Mary	
Occupation None	Where Residing if not at place of death Same		
Married, Single or Widowed Single	Name of Wife or Husband None	Father's Name Newton Melloroughly	Father's Birthplace Md
Mother's Maiden Name Anne Melloroughly		Mother's Birthplace Md	
Name of person giving Information Anne Melloroughly		How related to deceased Mother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Brights Disease	How long 3 years
Immediate Same	How long 120
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Address P. D. Parker Denture Md
Accident or Suicide? Yes	



Name  
in  
Full

Jesse Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County		MARYLAND	
Ridgeley	Caroline				
Date of death	Month	Day	Years	Months	Days
1905	3	30	12	-	-
Sex	Color or Race	Where Residing if not at place of death			
Female	Black	Lawn Avenue Co			
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Not Known					
Father's Name	Father's Birthplace				
Not Known	Not Known				
Mother's Maiden Name	Mother's Birthplace				
" "	" "				
Name of person giving Information	How related to deceased				
Jacob Greenage	Adopted				

CAUSES OF DEATH

Primary	Fung Trouble		How long
Immediate	99		4 mo
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		H. H. Richardson	
		Ridgeley Md	
Accident or Suicide?			

